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**\*BIBDATASHEET\***

CONFIRMATION NO. 7025

Bib Data Sheet

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/933,767	08/22/2001	435	1634	PZ007P2
RULE				

**APPLICANTS**

Paul A Moore, Gerantown, MD;  
 Craig A. Rosen, Laytonsville, MD;  
 Steven M. Ruben, Olney, MD;  
 Jing-Shan Hu, Mountain View, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of PCT/US01/05614 02/21/2001  
 which claims benefit of 60/184,836 02/24/2000  
 and claims benefit of 60/193,170 03/29/2000  
 This application 09/933,767  
 is a CIP of 09/205,258 12/04/1998 PAT 6,525,174  
 which claims benefit of 60/048,885 06/06/1997  
 and claims benefit of 60/049,375 06/06/1997  
 and claims benefit of 60/048,881 06/06/1997  
 and claims benefit of 60/048,880 06/06/1997  
 and claims benefit of 60/048,896 06/06/1997  
 and claims benefit of 60/049,020 06/06/1997  
 and claims benefit of 60/048,876 06/06/1997  
 and claims benefit of 60/048,895 06/06/1997  
 and claims benefit of 60/048,884 06/06/1997  
 and claims benefit of 60/048,894 06/06/1997  
 and claims benefit of 60/048,971 06/06/1997  
 and claims benefit of 60/048,964 06/06/1997  
 and claims benefit of 60/048,882 06/06/1997  
 and claims benefit of 60/048,899 06/06/1997  
 and claims benefit of 60/048,893 06/06/1997  
 and claims benefit of 60/048,900 06/06/1997  
 and claims benefit of 60/048,901 06/06/1997  
 and claims benefit of 60/048,892 06/06/1997  
 and claims benefit of 60/048,915 06/06/1997  
 and claims benefit of 60/049,019 06/06/1997  
 and claims benefit of 60/048,970 06/06/1997  
 and claims benefit of 60/048,972 06/06/1997  
 and claims benefit of 60/048,916 06/06/1997  
 and claims benefit of 60/049,373 06/06/1997  
 and claims benefit of 60/048,875 06/06/1997  
 and claims benefit of 60/049,374 06/06/1997  
 and claims benefit of 60/048,917 06/06/1997  
 and claims benefit of 60/048,949 06/06/1997  
 and claims benefit of 60/048,974 06/06/1997  
 and claims benefit of 60/048,883 06/06/1997  
 and claims benefit of 60/048,897 06/06/1997  
 and claims benefit of 60/048,898 06/06/1997  
 and claims benefit of 60/048,962 06/06/1997

and claims benefit of 60/048,963 06/06/1997  
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 and claims benefit of 60/048,878 06/06/1997  
 and claims benefit of 60/057,645 09/05/1997  
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 and claims benefit of 60/057,668 09/05/1997  
 and claims benefit of 60/057,635 09/05/1997  
 and claims benefit of 60/057,627 09/05/1997  
 and claims benefit of 60/057,667 09/05/1997  
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 and claims benefit of 60/057,764 09/05/1997  
 and claims benefit of 60/057,643 09/05/1997  
 and claims benefit of 60/057,769 09/05/1997  
 and said 09/205,258

claims benefit of 60/057,763 09/05/1997  
 and claims benefit of 60/057,650 09/05/1997  
 and claims benefit of 60/057,584 09/05/1997  
 and claims benefit of 60/057,647 09/05/1997  
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 and claims benefit of 60/057,770 09/05/1997  
 and claims benefit of 60/057,771 09/05/1997  
 and claims benefit of 60/057,761 09/05/1997  
 and claims benefit of 60/057,760 09/05/1997  
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 and claims benefit of 60/057,634 09/05/1997  
 and claims benefit of 60/070,923 12/18/1997  
 and claims benefit of 60/092,921 07/15/1998  
 and claims benefit of 60/094,657 07/30/1998  
 and claims benefit of 60/070,923 12/18/1997  
 and claims benefit of 60/092,921 07/15/1998  
 and claims benefit of 60/094,657 07/30/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

**\*\* 11/30/2001**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MD	SHEETS DRAWING 10	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

22195

## TITLE

METHOD OF DIAGNOSING PANCREATIC CANCER

<b>FILING FEE RECEIVED</b> 974	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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CONFIRMATION NO. 7025

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## APPLICANTS

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ADDRESS

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 HUMAN GENOME SCIENCES INC  
 INTELLECTUAL PROPERTY DEPT.  
 14200 SHADY GROVE ROAD  
 ROCKVILLE , MD  
 20850

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